

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4373AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2010
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1286 MOUND HOUSE STREET LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted in your facility on 8/31/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of C.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illnesses, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review on 8/31/10, the facility</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 failed to ensure that 2 of 3 caregivers received eight hours of annual training (Employee #1 and #3-no annual caregiver training since 2007). Severity: 2 Scope: 3	Y 070			
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 8/31/10, the facility failed to ensure the backyard patio area was free from hazards (an old workout bench, a full gasoline container, lighter fluid, spray pesticide containers, several tin cans used as ashtrays and other debris littered the back patio area). Severity: 2 Scope: 3	Y 175			
Y 353 SS=E	449.222(3) Bathrooms and Toilet Facilities NAC 449.222 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers. This Regulation is not met as evidenced by: Based on observation on 8/31/10, the facility failed to ensure a grab bar was installed in the	Y 353			

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Y 353	Continued From page 2 shower of 1 of 2 bathrooms (the master bathroom contained a shower chair but no grab bars inside or adjacent to the shower). Severity: 2 Scope: 2	Y 353		
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation on 8/31/10, the facility did not ensure the locks on 2 of 2 toilet room doors could be opened with a single motion (Bathroom #1 and #2). Severity: 2 Scope: 3	Y 356		
Y 557 SS=D	449.262(3)(a) Restriction on Use of Restraints NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident. This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used	Y 557		

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Y 557	Continued From page 3 for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. Based on observation, interview and record review on 8/31/10, the facility failed to ensure 1 of 5 residents were not restrained with the use of full side bed rails (Resident #2 had a diagnosis of memory loss and was unable to demonstrate the use of the bed rails). Severity: 2 Scope: 1	Y 557			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by:	Y 878			

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Y 878	Continued From page 4 Based on observation, interview and record review on 8/31/10, the facility would be unable to administer as needed (PRN) medications as prescribed for 1 of 5 residents because their PRN medications were not available in the facility (Resident #4's multivitamin was not available for administration). Severity: 2 Scope: 1	Y 878		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation and interview on 8/31/10, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred (at least six expired medications were found in the medication cabinet and in a cupboard over the refrigerator). Severity: 2 Scope: 2	Y 885		

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Y 923 SS=F	<p>449.2748(3)(b) Medication Container</p> <p>NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.</p> <p>This Regulation is not met as evidenced by: Based on observation on 8/31/10, the facility failed to keep medications belonging to 5 of 5 residents in their original container (pre-filled medicine cups were discovered for Resident #1, #2, #3, #4 and #5).</p> <p>Severity: 2 Scope: 3</p>	Y 923			

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